

COVID-19

Health Evidence Summary No.70

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This daily COVID-19 Health Evidence Summary is to signpost DFID and other UK government departments to the latest relevant evidence and discourse on COVID-19 to inform and support their response. It is a result of 3 hours of work and is not intended to be a comprehensive summary of available evidence on COVID-19 but aims to make original documents easily accessible to decision makers which, if relevant to them, they should go to before making decisions.

Clinical characteristics and management

Publication date	Title/URL	Journal/Article type	Summary	Keywords
22.06.20	Are men who smoke at higher risk for a more severe case of COVID-19 than women who smoke? A Systematic Review	medRxiv (non-peer reviewed) Article	<ul style="list-style-type: none"> Six cohorts from China were analysed and a crude odds ratio was manually calculated. Results: Patients with a smoking history were approximately 2 times (95% CI= 1.036-1.883) as likely to suffer from severe clinical manifestations of COVID-19 compared to patients without a smoking history. 	smoking
22.06.20	Management of patients with liver derangement during the COVID-19 pandemic: an Asia-Pacific	Lancet gastroenterology and hepatology Review	<ul style="list-style-type: none"> It is common to encounter patients with COVID-19 with abnormal liver function, either in the form of hepatitis, cholestasis, or both. Clinical scenarios covering the use of pharmacological treatment for COVID-19 	Liver, Asia-Pacific

	position statement		in the case of liver derangement, and assessment and management of patients with chronic hepatitis B or hepatitis C, non-alcoholic fatty liver disease, liver cirrhosis, and liver transplantation during the pandemic are discussed.	
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Epidemiology and modelling

Publication date	Title/URL	Journal/Article type	Summary	Keywords
22.06.20	Estimation of fatality rate in Africa through the behavior of COVID-19 in Italy relevance to age profiles	medRxiv (non-peer reviewed) Article	<ul style="list-style-type: none"> We compared the CFR observed in Italy with the age profiles in 46 Africa countries and 2 territories which are already confirmed COVID-19 case. The estimation of the CFR in Africa ranges between (1.0%-5.4%) while in Italy is 10.1%. The five highest CFR countries and territories in Africa are Reunion (5.4%), Mauritius (5.1%), Tunisia (3.9%), Seychelles (3.8%) and Morocco (3.3%). The last three countries with low CFR are Uganda (1.0%), Zambia (1.1%) and Angola (1.1%). The observed difference is related to the age profiles. 	Africa, age

Infection Prevention and Control

Publication date	Title/URL	Journal/Article type	Summary	Keywords
22.06.20	Assessment of Coronavirus Disease 2019 Community	Jama	<ul style="list-style-type: none"> This retrospective case series included 7 imported COVID-19 cases and 800 individuals at high risk. After the implementation of community measures, no locally acquired case 	Community containment,

	Containment Strategies in Shenzhen, China		<p>of COVID-19 with indirect links to confirmed cases was identified in the community.</p> <ul style="list-style-type: none"> The findings of this study suggest that the implementation of community containment strategies by a multidisciplinary team may limit the community transmission of COVID-19. 	
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Testing

Publication date	Title/URL	Journal/Article type	Summary	Keywords
22.06.20	Genetic diversity among SARS-CoV2 strains in South America may impact performance of Molecular detection	medRxiv (non-peer reviewed) Article	<ul style="list-style-type: none"> Results suggest that E-gene stands as the most conserved and reliable target when considering single-gene target testing for molecular diagnosis of SARS-CoV-2 in South America. 	South America, testing

Therapeutics

Publication date	Title/URL	Journal/Article type	Summary	Keywords
23.06.2020	Effect of dexamethasone in hospitalized patients with COVID-19: preliminary report	medRxiv (non-peer reviewed) pre-print	<ul style="list-style-type: none"> RECOVERY preliminary results for the comparison of dexamethasone 6mg given once daily for up to ten days vs usual care alone Dexamethasone reduced 28-day mortality in hospitalised patients 	dexamethasone

			<p>with C19 receiving invasive mechanical ventilation or oxygen at randomisation, but not among patients not receiving respiratory support</p> <ul style="list-style-type: none"> • Trial was conducted in the UK but important to enable access of severe cases in LICs to dexamethasone as a treatment option 	
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Social Science

Publication date	Title/URL	Journal/Article type	Summary	Keywords
June 2020	<p>Knowledge, attitudes and practices of COVID-19 among income-poor households in the Philippines: A cross-sectional study</p>	Journal of Global Health	<ul style="list-style-type: none"> • Objective of this study was to gain an understanding of how COVID-19 was perceived by households experiencing extreme poverty in the Philippines. • Conclusion: There is a need for targeted health education as a response strategy to COVID-19 in low-income settings, and it is important that strategies are contextually relevant. Understanding KAPs among populations experiencing extreme poverty will be important as tailored guidance for public health response and communication strategies are developed for LMICs 	<ul style="list-style-type: none"> •

Comments, Editorials, Opinions, Blogs, News

Publication date	Title/URL	Journal Article type	Author(s)
22.06.20	Children with COVID-19 at a specialist centre: initial experience and outcome	Lancet Child & Adolescent Health Correspondence	Richard W Issitt, John Booth et al.
22.06.20	Mini organs reveal how the coronavirus ravages the body	Nature news	
18.06.20	Africa: In The Fight Against COVID-19, Africa is The Unsung Continent	All Africa	

Guidelines, Statements & Tools

Publication Date	Title/URL	Source	Summary
22.06.20	COVID-19 Safety Grades for Businesses—A Possible Mitigation Tool	JAMA Health Forum	<ul style="list-style-type: none"> The trajectory of COVID-19 in the United States means no single public health solution, no matter how simple or complex, can eradicate this illness from our nation. Therefore, we are left in a position that compels us to think creatively about developing pragmatic, rapidly deployable tools that will simultaneously allow for increased public autonomy and support disease mitigation during the next 18 to 24 months or until a vaccine becomes available. <i>(these tools could also be used in LMICs)</i>
June 2020	COVID-19 Considerations for Home and	SSHAP Briefing	<ul style="list-style-type: none"> Many guidelines from low- and middle-income countries (LMICs) recognise the necessity to support home and community-based care for COVID-19 (as deemed clinically appropriate,

	Community-Based Care		usually recommended only for 'mild' disease) for reasons such as to protect capacity in formal health care settings and to reduce the risk of infection spread in health facilities.
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Dashboards & Trackers

Cases & deaths: Global	Cases & deaths: Regional	Cases & deaths: Country	Living evidence & policy maps	Current research including trials	Diagnostics	Treatments	Vaccines
WHO sitreps	WHO Africa	Ghana	COVID-NMA	WHO	FIND SARS-CoV-2 Test Tracker	Global COVID-19 Clinical Trial Tracker	CEPI
WHO dashboard	African Arguments	Indonesia	EPPI Centre	WHO International Clinical Trials Registry Platform (ICTRP)	FIND SARS-CoV-2 Diagnostics: performance data	US NIH registered clinical trials	Vaccine Centre LSHTM
Johns Hopkins University	European CDC	Nigeria CDC	Norwegian Institute of Public Health	Cytel	Serology-based tests for COVID-19	Solidarity trial	COVID-19 Oxford Vaccine Trial
WEF		Sierra Leone	Oxford C19 Government Response Tracker (OxCGRT)	US NIH	Our World in Data: C19 Testing	COVID-19 Therapeutics Accelerator	
Our World in Data		Singapore	Our World in Data: C19 Policy responses	COVID-evidence			
Global 5050		UK	IFPRI COVID-19 Policy	Cochrane			

			Response Portal				
CEBM, University of Oxford		US	COVID-19 Primer	Clinicaltrials.gov			
Humanitarian Data Exchange			NIH LitCovid	UKCDR			
Information is Beautiful			WHO COVID-19 Database				
LSHTM							
HealthMap (cases)							
The Commons Project							

C19 Resource Hubs

Global	Regional & Country	Academic journals & Publishers	Institutes/Centres /Funders/Other	Health Topics	Social Sciences
WHO COVID-19 pandemic	Africa CDC	Annals of Internal Medicine	LSTM	Stop TB Partnership	SSHAP
WHO risk communication	African Union	BMJ	LSHTM		IDA
WHO Q&A	Nigeria CDC	Bulletin of the WHO	ICL MRC Centre for Global Infectious Disease Analysis	Global Menstrual Collective	Disability and inclusion

WHO Global research	GeoPoll: SSA	Cambridge University Press	ODI	SLH: Handwashing in low resource settings	Coregroup IDDC
COVID-19 Solidarity Response Fund	Global Health Network Africa	Cell Press	Johns Hopkins University	RBM Partnership	Ethics, health systems & COVID-19
UN	African Academy of Sciences	Cochrane	Center for Global Development		Social Development Direct C19 blog series
UN Women	Africa Evidence Network	Elsevier	CMMID Repository		
UNOCHA	OCHA Southern and Eastern Africa COVID-19 Digest	JAMA Network	Norwegian Institute of Public Health		
UNHCR	South African Government	The Lancet	Oxford Centre for Evidence-based Medicine		
UNICEF		medRxiv and bioRxiv (Preprints)	HEART		
UNESCO		NEJM	UKRI		
UN WFP		Oxford University Press	Evidence Aid		

GOARN		PLoS	NIH		
EPI-WIN		SAGE journals	IFPRI Resources and Analyses of C19 Impact		
World Bank		Science	Prevent Epidemics		
Our World in Data		Springer Nature			
COVID-19 Narratives by David Nabarro		SSRN (Preprints)			
Reliefweb		Wiley			
Humanitarian OpenStreetMap Team					
Global Partnership for Sustainable Development Data					
WorldPop					
Flowminder					
COVID-END					
Premise COVID-19 Global Impact Study					
GISAID					

Online learning & events

Date	Title/URL	Online learning/event	Duration	Lead
13 July 3:00 PM – 6:00 PM BST	2020 UCL-Lancet Lecture: Global Health Preparedness by Dr Muhammad Pate, Global Director for Health, Nutrition and Population at the World Bank Group	Online Lecture	2 hour lecture, 1 hour panel discussion	UCL, The Lancet
June 2020	OpenWHO, the free, open-access learning platform for health emergencies, now offers 10 online courses related to COVID19.	Online courses	Varies	WHO
24-25.06.2020	Africa's leadership role in COVID-19 vaccine development and access	Zoom webinar		African Union & Africa CDC
Available now	Standard precautions: Environmental cleaning and disinfection	Online course	1 hour	WHO
Available now	COVID-19: Effective Nursing in Times of Crisis	Online course	2 weeks – 2 hours per week	Johns Hopkins School of Nursing
Available now	WHO Academy and WHO Info mobile applications	Mobile app		WHO

Available now	COVID-19: Pandemics, Modelling and Policy	Online learning	2 weeks 2 hours weekly study	FutureLearn UNESCO UNITWIN Complex Systems Digital Campus/Open University
12.05.2020	COVID-19 and maintaining quality essential health services	Webinar	1 hour	WHO & ISQua – Dr Shams Syed, Dr Peter Lachman, Dr Teri Rynolds & Dr Ed Kelley
11.5.2020	COVID-19 Contact Tracing course	Online learning	5 hours	Johns Hopkins Bloomberg School of Health
7-28 May 2020	Virtual Evidence Weeks	5 sessions	1h 30	International Initiative for Impact Evaluation (3ie)
Tuesdays at 1700 CEST (Geneva time) & Thursdays 0830 CEST (Geneva time)	COVID-19 Open online brief with Dr David Nabarro	Event	1h	4SD
30.04.2020	Professor Chris Whitty's Gresham lecture on COVID-19	Event	1h 20	Gresham College
Available now	Emerging respiratory viruses, including COVID-19: methods for detection, prevention, response and control	Online learning	3 hours	WHO
Available now	Responding to COVID-19: Real-time training for the	Online learning	Multiple self-paced course	WHO

	coronavirus disease outbreak			
25 May 2020	COVID-19: Tackling the Novel Coronavirus	Online learning	3 weeks 4 hours weekly study	FutureLearn LSHTM/UK PHRST
Available online now without mentors. Updated version will commence early June 2020	COVID-19 Diagnostics and Testing	Online learning	3 weeks 3 hours weekly study	FutureLearn FIND/LSHTM/ASLM
6 April 2020	COVID-19 Critical Care: Understanding and Application	Online learning	5 weeks 1 hour weekly study	FutureLearn University of Edinburgh & Royal College of Physicians of Edinburgh
Available now	COVID-19 supporting online courses	Online learning	Multiple self-paced course	BMJ Learning

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Rapid review methodology

The rapid daily search for peer-reviewed literature is carried out through a PubMed search with the following keywords ("COVID-19" OR "severe acute respiratory syndrome coronavirus 2" OR "2019-nCoV" OR "SARS-CoV-2" OR "2019nCoV" OR "coronavirus") AND ("Africa") OR ("equity" OR "equities") OR ("poverty"), restricted to articles published in the previous 2 to 3 days, in English. This is complemented by a search of the homepage of the following high-impact global health journals: The Lancet journals, New England Journal of Medicine, Nature, JAMA, Annals of Internal Medicine, Cochrane Reviews, BMJ Global Health, the PLoS journals and a Twitter search of their Twitter pages. A search also of preprints from bioRxiv and medRxiv. Please note that papers that have not been peer-reviewed are highlighted in red. All primary research papers that relate to the primary and secondary impacts of the COVID-19 response in LMICs, and disease control and health system responses are

included. Articles related to tackling the secondary impacts on other sectors are not included. Additional commentaries, opinions, and commissioned pieces are selected based on relevance.

The search for dashboards, guidelines, tools, editorials, comments, blogs, opinions and news is through the academic journals listed above, C19 resource hubs and following lead academics and professionals on Twitter.

About this report

This daily COVID-19 health evidence summary (HES) is based on 3 hours of desk-based research. The summary is not intended to be a comprehensive summary of available evidence on COVID-19 but aims to make original documents easily accessible to decision makers which, if relevant to them, they should go to before making decisions. The HES are not intended to replace medical or professional advice and the researcher or the K4D consortium cannot be held responsible for any decisions made about COVID-19 on the basis of the HES alone. K4D services are provided by a consortium of leading organisations working in international development, led by the Institute of Development Studies (IDS), with Education Development Trust, Itad, University of Leeds Nuffield Centre for International Health and Development, Liverpool School of Tropical Medicine (LSTM), University of Birmingham International Development Department (IDD) and the University of Manchester Humanitarian and Conflict Response Institute (HCRI).

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